

BILL RELIEF PLAN

COMBINED PRODUCT DISCLOSURE STATEMENT
AND FINANCIAL SERVICES GUIDE
ISSUE DATE 29 OCTOBER 2013

BILL RELIEF INSURANCE FOR GREAT AUSTRALIANS



INSURANCELINE

ABOUT THIS DOCUMENT

This document is designed to help you decide whether to buy an InsuranceLine Bill Relief Plan. The document comprises the combined Product Disclosure Statement and Policy Document (PDS) and InsuranceLine Financial Services Guide (FSG). The information contained in this document is general information only and does not take into account your individual objectives or financial situation. Therefore, you should consider how appropriate this insurance is with regard to your objectives, financial situation and needs before making a decision whether to buy this product.

If you take out a Policy, please keep a copy of this document with your Policy Schedule in a safe place as together with your application they form the contract between TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life Limited), ACE Insurance Limited ABN 23 001 642 020 AFSL 239687 (ACE Insurance Limited) and the Policy Owner. The PDS sets out all of the terms and conditions for the Policy and the Policy Schedule sets out your Policy details and any additional terms and conditions applicable to you. Please read the PDS and the Policy Schedule carefully to understand how your Policy operates and to ensure all of your details in the Policy Schedule are correct. These documents will be required in the event of a claim.

There are risks involved with taking out insurance and you should be aware of these. Please refer to page 26 for more information. From time to time updates about our products which are not materially adverse to you, may be found on the InsuranceLine website at insuranceline.com.au. You can call us on 1300 880 750 if you would like a copy to be sent to you.

In this document, some words and expressions have special meaning. They normally begin with capital letters and their meaning is explained in the Glossary on page 33.

Also in this document, references to you and your mean the Life Insured and/or the Policy Owner as the context requires. References to we, us and our mean TAL Life Limited, ACE Insurance Limited or TAL Direct Pty Limited ABN 39 084 666 017 AFSL 243260 (TAL Direct) as applicable.

The Policy is subject to and governed by the laws of Australia. The singular includes the plural and vice versa. Words of one gender include the other gender. Headings are only for convenience. Apart from the Glossary, headings do not affect the interpretation of the words of the Policy.

ABOUT THE ISSUERS OF THE PDS

TAL Life Limited of Level 16, 363 George Street, Sydney NSW 2000 is the issuer of the Life Insurance Benefits outlined in this document. ACE Insurance Limited ABN 23 001 642 020 AFSL 239687 of the ACE Building, 28 O'Connell Street, Sydney NSW 2000, is the issuer of the Unemployment Cover outlined in this document. TAL Life Limited and ACE are responsible for the entirety of this PDS.

ABOUT THE DISTRIBUTOR

InsuranceLine, a trading name of TAL Direct, promotes and distributes the product outlined in this document. TAL Direct is responsible for the entirety of the FSG. TAL Direct and TAL Life Limited are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL).

If you take out a Policy, please keep a copy of this document with your Policy Schedule in a safe place as together with your application they form your contract of insurance.

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WHY BILL RELIEF INSURANCE?

When you work hard to give your family a good life, it's important to know that if you're ever out of action you can still provide for them and pay the bills. That's why InsuranceLine has made it easier for you to keep regular money coming in if you can't work due to Sickness, Injury or Involuntary Unemployment. It helps your family continue with the lifestyle they're used to while you focus on recovering.

Thanks for taking this important step to keep on caring for your family. It's great to know you'll have that extra protection in place for life's twists and turns. You'll find everything you need to know about InsuranceLine Bill Relief insurance in this easy to understand PDS.

With your Bill Relief insurance sorted, you can get on with being great in so many other ways.

These are the benefits you can expect:

AFFORDABLE COVER

Lower levels of Cover can be taken out for as little as \$2.95 per week, ensuring some level of Cover is available for everyone.

GUARANTEED ACCEPTANCE FOR AUSTRALIAN RESIDENTS 18-60

Permanent, casual, part-time workers, public servants, students, pensioners and homemakers.

PAYOUTS OF UP TO \$3,000 A MONTH

If you're Out of Action due to Sickness, Injury or Involuntary Unemployment.

SIMPLE COVER

Cover is available over the phone, meaning you can be protected straight away.

OPTIONAL PAYOUT PERIODS

Choose 6, 12 or 24 month payout periods for Sickness or Injury. Three months for Involuntary Unemployment.

OPTIONAL KIDS COVER

Protection to help Cover care associated with treatment and recovery or just to Cover the time an adult may be off work to be with their child.

DOUBLE HOLIDAY PAYOUT

If your Accident or Injury occurs during specified holiday periods or when you're more than 200km from home, you'll receive double the first month's payout.

1 | CHOOSING THE RIGHT POLICY

STEP 1. CHOOSE THE AMOUNT OF COVER

We provide up to \$3,000 Cover a month for Sickness and Injury – simply choose the amount that best suits your requirements. You can also add your partner or another adult to your policy. Each of you can have different Cover amounts if required.

Don't forget that if your circumstances change, you have the flexibility to adjust your Cover amount – just give us a call on 1300 880 750.

Name & Age	Occupation	Situation	Weekly Cost
Renee, 23	University Student	Renee has purchased Sickness and Injury Cover of \$1,600 for 6 months.	\$2.95
Sue, 44	Housewife	Sue wanted to protect her lifestyle and ability to look after her children in case she becomes ill or is injured unexpectedly. She has \$1,200 monthly Cover with a Benefit period of 6 months.	\$8.92
David, 38	Vet	To protect himself against sickness, injury or bankruptcy, David's taken out Bill Relief which provides him with Cover of \$2,000 per month for 12 month Sickness and Injury Benefit and \$1,000 Involuntary Unemployment Cover for 3 months.	\$8.33
Steve, 35	Electrician	Steve has covered himself for the full 24 months with an \$1,800 monthly Sickness and Injury Benefit and a further \$1,500 Involuntary Unemployment Cover Benefit in case he's made redundant from work.	\$15.95
Brad, Sarah and Max, 40, 35 and 4	Finance Manager & Teacher	Brad and Sarah enjoy a 5% joint discount on their \$2,500 and \$2,000 monthly Sickness and Injury Benefits covering them for 12 months . Brad also has \$1,000 Involuntary Unemployment Cover as well as additional Kids Cover for their son Max.	\$18.59

STEP 2. CHOOSE ANY OPTIONAL EXTRAS

We offer a range of extras to help customise this insurance to your needs. This helps tailor this product to your situation.

Involuntary Unemployment

If you're suddenly made redundant from your full time job or find your business insolvent or bankrupt, Bill Relief could pay out for up to three months to help you maintain your standard of living while you're looking for new employment. All occupations are covered. You need to have been working 20 or more hours a week, been in continuous employment and held your Policy for six months. This Cover can only be taken in combination with Sickness and Injury Cover.

Double Holiday Payout

If your Accident or Injury occurs during specified holiday periods or when you're more than 200km from home, you'll receive double the first month's payout.

Kids Cover

Kids cover provides protection to help Cover care associated with treatment and recovery or just to Cover the time an adult may be off work to be with their child. Payment amounts vary per Injury, most fractures will receive \$1,000 to \$2,500; and up to \$50,000 for serious events like 2nd degree burns, Paralysis or Major Head Trauma.

STEP 3. CHOOSE YOUR PAYMENT OPTION

We understand how important it is for your Bill Relief insurance Cover to fit within your budget. We've made our plans flexible so you can choose how frequently you pay premiums, whether it be fortnightly, monthly or annually. This gives you the convenience of paying premiums in line with the days you get paid, providing you more flexibility and control.

All payments in connection with this policy must be made in Australian currency.

2 | TAKING OUT COVER

HOW CAN I TAKE OUT A BILL RELIEF PLAN?

If you're an Australian resident aged 18 to 60, you can take out a Bill Relief Plan over the phone or request more information online. Just call 1300 880 750 between 8am and 8pm (AEST), Monday to Friday or go to insuranceline.com.au for more information.

IF I CHANGE MY MIND, AM I ENTITLED TO A REFUND?

We offer a full 30 day money back guarantee (Cooling Off Period), giving you time to go over your Policy, and make sure it's the right one for you. There are no hidden catches – cancel your Policy within 30 days and you'll get a full refund.

If you do cancel your Policy after 30 days, you won't receive your money back. Bill Relief Insurance works just like your car and home insurance – it's not a savings plan and has no cash value.

DUTY OF DISCLOSURE

When applying for insurance, or any increase in Cover, you are bound by law to the duty of disclosure which requires you to answer all of our questions honestly and completely. If you do not answer our questions honestly and completely, we may reduce or refuse to pay a claim or we may cancel all or part of the Policy. We will obtain the necessary medical and/or financial or employment records at the time of any claim to confirm that the statements you make are honest and complete. If they are not, your claim may not be paid and all or part of your Policy may be avoided from inception, which means we will treat all or part of your Policy as if it never existed.

3 | MAKING A CLAIM

HOW DO I MAKE A CLAIM IF I EVER NEED TO?

Bill Relief Insurance helps take the financial difficulty out of what can be a very stressful time. That's why we've kept the process as straightforward as possible:

STEP 1.

If you need to make a claim, please contact us as soon as you know you will be Out of Action for longer than your Waiting Period. For Involuntary Unemployment or Kids Injury claims please contact us as soon as possible after the event occurs. You or your legal representative will need to complete a claim form that we provide and give us other information we require so that we can assess your claim.

STEP 2.

Complete the relevant form and return it to us together with proof of the condition or your Involuntary Unemployment, your income and any other requested documents we need to validate the claim. Depending on the claim, we'll let you know what we need when you call us.

STEP 3.

Every month that you are unable to work you will need to complete and send us progress claim forms so that we know you are still entitled to receive a payout.

Usually, you are responsible for any costs of providing the initial and ongoing information or documents to support your claim. However, if your circumstance requires anything above our standard processes, we'll pay for any costs incurred in meeting those requirements.

DUTY OF DISCLOSURE

Claims may be declined in full or in part and the Policy may be cancelled in full or in part where a Life Insured fails to comply with the Duty of Disclosure or makes a misrepresentation while applying for Cover or any alteration in Cover.

FRAUDULENT CLAIMS

We will refer any suspected fraudulent claims or illegal activity to the relevant law enforcement authorities and will, to the extent permissible by law, seek to recover any monies paid, expenses or damages incurred in obtaining such evidence as may be required to protect our rights. We are able to cancel your Policy and no claim will be payable if you make a fraudulent claim.

INFORMATION WE WILL NEED

You or your legal representative must provide us, at your own expense, with any completed claim forms, information or Certified Copies of documentation supporting the claim, that we reasonably require. We will contact you within a reasonable time from the submission of your claim and inform you of any additional information and/or documentation that we require in order to assess your claim.

We require the following for all claims:

- Certified Copy of proof of age of the Life Insured; and
- completion of a progress claim form each month or as and when required by us.

For Sickness and Injury and Kids Injury Cover claims, we will require proof of the Sickness, Injury or event for which a claim is being made, supported by (but not limited to):

- evidence of the date and location of where the event leading to the Injury occurred (if applicable); and
- appropriate evidence from a Medical Practitioner, including confirmatory investigations such as clinical, radiological, histological and laboratory evidence; and
- confirmation that any surgical procedures are medically necessary and usual treatment for the condition; and
- if applicable, proof of income for the last 12 months and/or last financial year.

For Involuntary Unemployment Cover claims, supporting evidence of the involuntary nature of unemployment will be required:

- For employees – a Certified Copy of the Separation Certificate and written advice from the Life Insured's employer (on company letterhead and signed by the paymaster, company secretary, personnel manager, director or a person of similar senior standing in the firm) explaining the circumstances of the Life Insured's Involuntary Unemployment or the forced termination of his or her employment or contract.
- For the Self-Employed - a Certified Copy of a notice confirming the Life Insured's personal insolvency issued by Insolvency & Trustee Service of Australia (ITSA) or its successors or a Certified Copy of a Court Order or appointment of an insolvency administrator to the Life Insured's company. We also require evidence to our satisfaction that the Life Insured has been actively looking for work and residing in Australia.

CLAIM REQUIREMENTS AT OUR EXPENSE

We reserve the right to obtain any additional information that we deem necessary. Should we request any further information in excess of the initial and progress requirements in order to assess your claim, these requirements will be met at our expense.

Depending on the type of claim, you may be required to provide or participate in some or all of the following:

- additional medical examination(s) which may involve imaging studies and clinical, histological and laboratory evidence to confirm the occurrence of the condition;
- confirmatory assessment and diagnosis of current functional and vocational capacity by a qualified Medical Practitioner or an appropriately qualified person selected by us;
- access to details of the Life Insured's previous medical consultations; and
- interviews with various parties including you, in relation to your claim by a member of our staff or someone appointed by us, as often as is required.

NEED TO CONTINUALLY FOLLOW THE ADVICE OF A MEDICAL PRACTITIONER

Claim payments will be contingent on the Life Insured being under the regular care of and following the advice of a Medical Practitioner, including recommended courses of treatment and rehabilitation.

If, while Out of Action, a Life Insured, under the regular care of and following the advice of a Medical Practitioner, travels to or resides overseas, Benefit payments will only be made for a maximum of three months while the Life Insured remains outside Australia.

PAYMENT OF CLAIMS

All Benefits will be paid to the Policy Owner. Unless we either reject or do not admit your claim, we will pay your claim once we have received proof acceptable to us of your entitlement to be paid under this Policy.

MISSTATEMENT OF AGE

If the age of the Life Insured has been understated on the application for this Policy, then the Benefit payable in respect of a Life Insured will be recalculated based on the Benefit that the premium would have purchased if the correct age had been provided. If the age of the Life Insured has been overstated we will refund any excess premium paid. Where the terms and conditions of a Benefit vary by the age of the Life Insured or the Insured Child, the correct age of the Life Insured or the Insured Child, if applicable, will be used to determine whether a Benefit is payable.

We may also vary the end date of the Policy to what it would have been had the correct date of birth been provided by the Life Insured.

CONCURRENT CLAIMS

If a Life Insured suffers multiple Sicknesses or Injuries and/or concurrent Involuntary Unemployment, we will only pay one Benefit under this Policy, that being the highest Benefit applicable to any one of the Sicknesses, Injuries, and Involuntary Unemployment.

RECURRENT SICKNESS AND INJURY COVER CLAIMS

If within 12 months of receiving a Sickness and Injury Cover Benefit, the Life Insured suffers from the same or related Sickness or Injury which caused the initial claim, the recurrence will be treated as a continuation of the original claim. This means that subject to the terms and conditions of the Policy:

- the Waiting Period does not apply;
- subject to ongoing evidence that the Life Insured is Out of Action, Benefit payments will recommence monthly in arrears;
- all periods of claim will be added together for the purpose of determining the remaining Payout Period; and
- the Benefit Period selected by you, as noted on your Policy Schedule, is only payable once per claimed condition, including any recurrences, and it expires when the end of the Benefit Period is reached.

4 | BENEFIT TERMS AND CONDITIONS

With InsuranceLine, there's no small print or nasty surprises. We encourage our customers to make sure they understand all aspects of their Policy, so here are a few things you need to know before you take out your Cover.

WHAT IS YOUR POLICY MADE UP OF?

Your Policy with us is made up of:

- this document;
- your application; and
- the Policy Schedule that we will send you if your application is accepted

A Bill Relief Benefit listed in this document only applies if shown in your Policy Schedule.

WHAT IS COVERED?

If Sickness or Injury stops you from performing your normal day to day tasks after Cover starts and it's not due to a Pre-Existing condition, Bill Relief can help with Cover that can go towards your bills or everyday expenses for up to six, 12, or 24 months. This includes homemakers who could need assistance looking after their families and self-employed individuals whose business might be affected by time away. With Bill Relief, you're protected 24 hours a day, seven days a week – because you never know when Sickness or Injury will leave you Out of Action.

BENEFITS

Sickness and Injury Cover

Sickness and Injury Benefit is payable after a Life Insured has been Out of Action due solely to Sickness or Injury for the entire Waiting Period and starts to accrue when he or she remains Out of Action, subject to not being excluded under 'What Isn't Covered' section.

The Benefit will be paid monthly in arrears, and for partial months, the amount paid will be at the rate of 1/30th of the Benefit for each day the Life Insured is Out of Action after any applicable waiting period.

The Benefit will continue until the earliest of:

- the Life Insured no longer being Out of Action;
- the end of the Payout Period for Sickness and Injury Cover as shown in the Policy Schedule; or
- your Policy ends.

We will only pay a Benefit for a maximum of three months for any one claim whilst the Life Insured is and remains outside of Australia subject to the terms and conditions of this Policy.

Out of Action means different things depending on your situation before your claim and requires confirmation by a Medical Practitioner:

Age	Working more than 20 hours per week	Working less than 20 hours a week
18-64	<ul style="list-style-type: none"> • Unable to attend or engage in your Usual Occupation; and • Not working in or performing any occupation, whether income generating or not; and • Under the regular care of and following the advice of a Medical Practitioner including recommended courses of treatment. 	<ul style="list-style-type: none"> • Unable to perform three or more of the following without the assistance of another person or using special equipment: <ul style="list-style-type: none"> - Cooking meals - Cleaning the home - Shopping for food - Providing care for children and/or dependent adults - Driving a car or using public transport; and • Not working in or performing any occupation, whether income generating or not; and • Under the regular care of and following the advice of a Medical Practitioner, including recommended courses of treatment.
65-75	<ul style="list-style-type: none"> • Unable to perform two or more of the following without the assistance of another person or using special equipment: <ul style="list-style-type: none"> - Bathing – the ability to shower and bathe. - Dressing – the ability to put on and take off clothing. - Toileting – the ability to get on and off and use the toilet. - Mobility – the ability to get in and out of bed and a chair. - Feeding – the ability to get food from a plate into your mouth; • Not working in or performing any occupation, whether income generating or not; and • Under the regular care of and following the advice of a Medical Practitioner, including recommended courses of treatment. 	

Plus, any additional optional extras selected are also covered.

Involuntary Unemployment Cover

Involuntary Unemployment Cover Benefit applies if:

- Involuntary Unemployment Cover has been selected by you for the Life Insured and is shown in the Policy Schedule;
- the Life Insured is aged between 18 and 64 years of age (inclusive);
- Involuntary Unemployment Cover has been continuously in force for at least the six months immediately preceding the Life Insured’s Involuntary Unemployment;
- Involuntary Unemployment is not apparent or announced prior to Cover commencement; and

- the Life Insured has been continuously employed or Self Employed in their Usual Occupation and has not been bankrupt, nor has the Life Insured's business been in liquidation, in the six months immediately preceding the Life Insured's Involuntary Unemployment.

Involuntary Unemployment Cover is payable after the Life Insured has been Involuntarily Unemployed for the entire Waiting Period and starts to accrue when he or she remains Involuntarily Unemployed subject to the exclusions applicable listed on pages 18 and 19 of this document.

The Benefit will be paid monthly in arrears, and for partial months, the amount paid will be at the rate of 1/30th of the Benefit for each day the Life Insured is Unemployed after the Waiting Period.

The Benefit will continue until the earliest of:

- the Life Insured no longer being Involuntarily Unemployed;
- the end of the Unemployment Cover Payout Period shown in the Policy Schedule;
- the Life Insured attaining 65 years of age; or
- your Policy ends.

Double Holiday Injury Benefit

The Double Holiday Injury Benefit applies if it has been selected by you for the Life Insured and is shown in the Policy Schedule.

The Double Holiday Injury Benefit is payable when the Life Insured suffers an Injury on either a gazetted Australian public holiday or Australian public school holiday or at any time while the Life Insured is 200km or more away from his or her principal place of residence.

Double the Life Insured's Sickness and Injury Cover Benefit will be paid for the first month the Life Insured is Out of Action. No Benefits are payable during the Waiting Period.

Kids Injury Cover

Kids Injury Cover applies if it has been selected by you and Kids Injury Cover for the respective child is shown in the Policy Schedule.

The Kids Injury Cover Benefit is payable when an Insured Child aged between one and 17 years of age (inclusive) suffers a Kids Injury Event as listed in the 'Kids Injury cover events and medical definitions' table on page 28-30 after the date Kids Injury Cover commenced for that child and a Medical Practitioner confirms the event satisfies the relevant Kids Injury Event medical definition.

The Benefit payable is the amount shown in the table for the Kids Injury Event. Only one Kids Injury Cover Benefit is payable per insured child in any 12 month period.

Kids Injury Cover for an Insured Child will stop on the earliest of:

- the maximum cumulative benefit of \$50,000 having been paid in respect of that child;
- the child attaining the age of 18 years;
- the death of the child; or
- your Policy ends.

WHAT ISN'T COVERED?

As with all insurance products there are some things you cannot claim for. You will not receive a payout if the Sickness or Injury is directly or indirectly the result of a Pre-Existing Medical Condition.

A Pre-Existing Medical Condition means any Sickness, Injury or medical condition that you had, or had symptoms of, at any time in the five years prior to the start of your plan (or five years prior to a Benefit increase, where applicable), whether diagnosed or not, for which you sought treatment or advice, or of which you were aware or of which someone in your position should have reasonably been aware. The following are also considered to be Pre-Existing Medical Conditions for any stroke, haemorrhage or heart related event if apparent in the five years before your Cover started:

- Body Mass Index of 40 or higher;
- Systolic blood pressure having exceeded 160 mmHg and diastolic blood pressure having exceeded 100 mmHg;
- Total blood cholesterol having exceeded 7.0 mmol/L;
- Being a diabetic with any one of the following: proteinuria, kidney disease, retinopathy, neuropathy or admittance to hospital for treatment of diabetes.

Additionally the plan will not provide Cover for claims that arise directly or indirectly from:

Sickness and Injury to the Life Insured due to:

- **Any Mental Health disorder** including: anxiety disorders and depression; stress or adjustment disorders; eating disorders; emotional or behavioural disorders; drug or alcohol abuse; psychosomatic disorders, or any treatment complications.
- **Fatigue:** disorders related to fatigue, including Chronic Fatigue Syndrome and Myalgia.
- **Drug and alcohol related Sickness or Injury:** taking intoxicating liquor (however, we will pay a claim if you are at or under the legal blood alcohol limit for driving); taking drugs (unless prescribed to you by a medical practitioner and taken in the correct dose).

- **Cancer, Stroke or Heart Attack:** at any time in the first six months after your plan starts.
- **Pregnancy:** normal and uncomplicated pregnancy is not covered.
- **War and terrorism:** terrorism, civil commotion or unrest; guerrilla or insurgent activities in countries outside Australia, if the Australian Government has advised to not travel to that country; war, or an act of war.
- **Self-harm:** any intentional act of self-harm.
- **Criminal activity:** any Sickness or Injury that occurs as a result, or during, committing or attempting to commit a criminal offence.
- **Other:** any other specific exclusion agreed with you first.
- **Aviation:** if you have been left sick or injured by being involved in any form of aviation apart from being a paying passenger on a commercial flight.
- **Dangerous occupation or pastime:** willingly and knowingly exposing yourself to risk of Sickness or Injury for any reason including recreation, gain, reward or regular remuneration.
- **Large height/depth/speed:** meaning engaging in work or a lifestyle activity that involves explosives, weapons, heights above 20m, depths below 30m underground or underwater or speeds above 130km per hour, other than as a fare-paying passenger on a commercial airline.
- **Football related Injuries:** resulting in less than 90 days Out of Action.
- **Back injuries:** resulting in less than 90 days Out of Action.

Unemployment of the Life Insured due to:

- Sickness or Injury;
- voluntary resignation, retirement or abandonment of employment;
- unemployment existing on or up to six months after the Policy Commencement Date;
- being personally insolvent or under any form of personal insolvency administration, including bankruptcy, due to personal debts;
- your business being unable to pay its debts, or you or your business being served with any document to commence proceedings or process for you or your business to be placed in any form of insolvency administration for business related debts, at any time in the six months before the Policy Commencement date and the six months after the Policy Commencement date;
- misconduct, dishonesty or criminal activities;
- poor performance in carrying out your occupation;
- any strike or labour disturbance in which your employer is involved;

- the loss of or not maintaining the currency of any licence, authorisation or permit required to operate the business, including the loss of a drivers licence, trade or professional certification;
- the seasonal nature of employment or the cessation of a contract of employment;
- casual employment; or
- unemployment occurring outside Australia.

No Involuntary Unemployment Cover Benefit is payable if the Life Insured is not actively seeking work, or if Involuntary Unemployment was announced or apparent prior to Cover commencement.

Kids Injury Event due to:

- a congenital condition or abnormality that was present at birth; or
- an intentional or deliberate act of any person who stands to receive, directly or indirectly, any of the proceeds of this Policy.

In Jail

No Benefit is payable if you are in jail or otherwise lawfully detained.

That's the lot. If you have any questions about any of these, give us a call on **1300 880 750**. We're happy to discuss them with you further.

WHEN THE BENEFITS ARE INDEXED

Each year except when a Life Insured is Out of Action, your Benefit Amounts will increase automatically at your Policy Anniversary to ensure that it keeps pace with rising costs in living. We call this increase Indexation. Each year the Sickness and Injury Benefit, and if applicable, Involuntary Unemployment Cover Benefit, will increase by 3% or the Indexation Factor, whichever is the greater, on each Policy Anniversary until a Life Insured's monthly Benefit/s reach \$10,000.

Corresponding increases in premiums will apply, based on the premium rates that apply at that time. If you do not want an increase, tell us within 30 days of the Policy Anniversary and we will reverse the increase. Indexation increases will not apply if we are paying you a Benefit in respect of a Life Insured.

You may apply to increase the Sickness and Injury Cover and Unemployment Cover at any time up to the maximum level/s then available. Any increases made under this Condition are subject to the restrictions set out in the what isn't covered Condition.

Any increases to the Benefits will not be payable until confirmed in writing by us.

CAN I MAKE ALTERATIONS TO MY POLICY AFTER IT HAS COMMENCED?

You have the flexibility to make changes to your Policy after it has commenced. For example, you can add an additional person to your Policy who is aged 60 or younger or remove existing ones or change your Cover amount.

Please note these changes may have an impact on your Policy. By adding people to your Policy or increasing your Cover amount, your premiums may go up however if the Cover you need reduces then your premiums will likely reduce in line with this. We understand that situations can change. If you find yourself having trouble budgeting for your Policy, please call us – we'll go through your options and work out the best way for you to manage your premiums, while still keeping your Cover.

Any change made to your Policy has to be agreed by us in writing.

WHAT IF I'M SICK AND INVOLUNTARILY UNEMPLOYED?

We pay for one claim at a time and the payout will be for the highest amount due to you.

COVER AFTER AGE 65

After age 65 and up to age 75 the Policy provides ongoing limited Sickness and Injury Cover. At the Policy Anniversary after a Life Insured turns age 65, the Sickness and Injury Cover in respect of that Life Insured will be reduced to the lesser of the Benefit as shown on the Policy Schedule or \$3,000, so that:

- if the Benefit is greater than \$3,000 at the Policy Anniversary after age 65, then the Benefit is reduced to \$3,000;
- if the Benefit is less than or equal to \$3,000 at the Policy Anniversary after age 65, then the Benefit remains unchanged.

Your premiums will change according to the adjustments in the Benefit at this time.

ALTERATIONS AND VARIATIONS

This Policy can only be changed by us in writing. No other person or company including our agent has the right to change any part of the Policy.

SPECIAL CONDITIONS AND EXCLUSIONS

It is important that you read the Policy Schedule to confirm the details are correct and to note any special conditions or exclusions which may apply to this Policy.

WHEN DOES MY POLICY END?

As long as you keep your premiums up to date and pay when due, you'll continue to be covered. Once accepted, Sickness and Injury Cover will continue until the Policy Anniversary immediately after your 75th birthday. Involuntary Unemployment Cover is active until the Policy Anniversary after your 65th birthday, unless Cover is cancelled or not renewed by the insurer earlier. Kids Injury Cover expires at the Insured Child's 18th birthday.

Your Policy starts at the Policy Commencement Date and ends when the earliest of the following events occurs:

- the Policy Anniversary immediately following the Life Insured's 75th birthday;
- the death of the Life Insured;
- your Policy is cancelled due to:
 - non payments of premiums; or
 - you making a fraudulent claim;
- the date we receive a written request from the Policy Owner to cancel the Policy;
- your Policy is avoided due to you making a non-disclose of misrepresentation at the time of application; or
- for Involuntary Unemployment Cover, the Policy being terminated by you or the Insurer.

5

PREMIUMS

PREMIUMS

The premium you have to pay is shown in your Policy Schedule. Premiums may change if any of the following occur:

- your premium will increase each year in accordance with your age and any increase to your Benefits due to Indexation;
- if your Benefits increase or decrease then your premium will be altered accordingly at that time; and
- if the underlying standard premium rates are ever changed by us or if there are changes in taxes or Government charges that apply to this type of Policy.

The premiums for Sickness and Injury Cover, Double Holiday Injury Benefit and Kids Injury Cover go to TAL. The premium for the Involuntary Unemployment Cover is passed to ACE.

WHEN DO YOU OR DO YOU NOT HAVE TO PAY?

The premium is due in advance at the frequency shown in the Policy Schedule. You can change the frequency of premium payments at any time.

If you are paying by direct debit, the premium will be deducted from the account that you have authorised us to debit, on the agreed date and frequency. If the agreed date falls on a weekend or public holiday, the deduction will be made on the next business day.

We will waive the premium when a Life Insured is Out of Action or Involuntarily Unemployed and we are paying a Sickness and Injury or Involuntary Unemployment Cover Benefit, as applicable. If the premium has been paid while a Life Insured is Out of Action or Involuntarily Unemployed, the payment will be credited towards the next premium due following the end of the Benefit payment/s.

UNPAID PREMIUM AND PREMIUM DISHONOURS

If you don't pay the premium when due, or the premium deduction from your account can't be made, then:

- if the unpaid premium is the first premium, the Policy will not operate at all; or
- if the unpaid premium is a premium other than the first premium, we will allow 30 days from the due date to make this payment.

If we have not received payment by this time, we will send you a notice telling you that we will cancel your Policy if the premium then due is not paid by the date shown in the notice. This date will be at least 28 days from the date of the giving of this notice. If you do not pay the premium by that date we will cancel the Policy.

If any Benefit under the Policy becomes payable, any unpaid premium due to us will be deducted from the Benefit paid to you.

No Benefit will be paid if the Policy is cancelled.

With respect to the Involuntary Unemployment Cover, this insurance may be renewed for further consecutive yearly periods upon payment of the premium. Payment of your premium is deemed to be acceptance of an offer of renewal for a further yearly period. If you continue to pay your premium, then unless your Policy is cancelled or we advise you prior to the Policy Anniversary that we will not be renewing a Policy on the same terms and conditions, your Unemployment Cover is renewed and automatically comes in to existence for one year from the Policy Anniversary.

WILL MY PREMIUMS GO UP?

Your premium rate is not guaranteed, but once your Cover has started you will never be singled out for a premium rate increase. If there is an increase it will be done across the board for all Policy holders to whom the same premium rate table applies and you'll be given 30 days' written notice. Premiums will increase as the Life Insured moves to the next age band or if you increase your Cover amount. Unless you've requested otherwise, your premiums also increase each year to allow for automatic adjustment for inflation for your payout, so whilst you pay more, you're also covered for more. See When the Benefits are Indexed on page 19.

HOW ARE YOUR PREMIUMS CALCULATED?

Premiums are calculated separately for each Life Insured and are based on their age, gender, level of Cover, smoking status and any applicable discounts. Once Covered, your premiums do not go up just because you get older.

DO I HAVE TO PAY PREMIUMS WHILE I'M UNABLE TO WORK?

No. If you're receiving a payout you won't pay any premiums until you are either able to go back to work or the Payout Period has ended. Once your claim period starts we'll credit back any premiums you paid during your Waiting Period.

WHAT HAPPENS IF I STOP PAYING?

Your Cover is only valid while premiums are paid when due, so if you stop paying, your Cover will end. As Bill Relief Insurance is an insurance policy, not a savings plan, it works in the same way as other insurance, such as car insurance. If you stop paying or cancel outside of the first 30 days, there will be no refund of any of the money you've paid in premiums.

ARE MY PREMIUMS TAX-DEDUCTIBLE?

Sickness, Injury and Involuntary Unemployment premiums are generally tax-deductible, making Bill Relief Insurance even more affordable. Of course, any payouts are tax-assessable just like your normal income.

REINSTATEMENT

If this Policy lapses it may be reinstated at our sole discretion at any time within one year after the date that the unpaid amount became due, on such terms and conditions as we may require. Outstanding premiums will need to be paid before a Policy can be reinstated.

GOVERNMENT DUTIES

We reserve the right to pass on to you any Government duties, taxes or other charges that are or become payable by us or you in respect of this Policy.

6

IMPORTANT INFORMATION

WHY INSURANCELINE?

InsuranceLine is Australia's number one choice for direct life insurance*. Why? Because above all, we believe that all Australians have the right to be protected and that this peace of mind should not be a luxury, but an affordable part of everyday life.

*Source: Direct Life Insurance 2013, Rice Warner Actuaries' Pty Ltd.

ANY QUESTIONS?

If there's anything we haven't answered for you here, or even if there's anything you're not completely sure about, please don't hesitate to contact us. We'd love to hear from you!

1300 880 750 8am – 8pm (AEST) Monday to Friday
questions@insuranceline.com.au
Reply Paid 62, Carlton South VIC 3053

For legal purposes and quality control, all phone calls are recorded. If you don't want your call recorded, please tell us. In this case, we may ask that your request be put in writing.

STATUTORY FUND

The assets of TAL's Statutory Fund Number 1 will alone be liable for the payment of the Benefits under this Policy. You have no rights in the assets of any other TAL Statutory Fund.

GENERAL INSURANCE CODE OF PRACTICE AND COMPENSATION ARRANGEMENTS

ACE is a signatory to the General Insurance Code of Practice (the Code). The Code sets out minimum standards that ACE will uphold in respect of the products and services that ACE provides. Further information about the Code is available at www.codeofpractice.com.au and on request. ACE is an insurance company authorised under the Insurance Act 1973 (Insurance Act) to carry on general insurance business in Australia by the Australian Prudential Regulation Authority (APRA) and is subject to the prudential requirements of the Insurance Act. The Insurance Act contains prudential standards and practices designed to ensure that, under all reasonable circumstances, financial promises made by ACE are met within a stable, efficient and competitive financial system.

RISKS

There are risks involved with taking out insurance that you should be aware of. These include:

- you may not select the right insurance product and Cover level for your needs;
- it is possible to pay more in premiums than the amount you are covered for;
- if you are replacing another insurance contract, you should consider the terms and conditions of each insurance contract before deciding to make the change; and
- our policies do not contain a savings or investment component, which means that if you cancel your policy after the 30 day Cooling Off Period, you will not receive any money back.

You should consider if the Policy meets your needs both now and in the future. You may need to seek assistance from a financial adviser to assist you to determine if the terms are consistent with your objectives, financial situation and needs.

DISPUTE RESOLUTION PROCESS

InsuranceLine offers an internal dispute resolution service in relation to any concerns you may have about your Policy, our services or your privacy. If a dispute is not resolved to your satisfaction through our internal dispute resolution service, you may then refer your concern to an external dispute resolution service. These are free of charge to you.

INTERNAL DISPUTE RESOLUTION SERVICE

In the first instance, we hope that our representatives can handle any concern you may have. Please call us on 1300 880 750 or write to us at InsuranceLine, Reply Paid 62, Carlton South VIC 3053 or via email at insuranceline@insuranceline.com.au. If you are not satisfied with our initial response, please ask to speak to the Complaints Officer who will handle your matter personally, or write to our Complaints Officer.

EXTERNAL DISPUTE RESOLUTION SERVICE

In the event that we are unable to resolve your concern, you have the right to contact the Financial Ombudsman Service (FOS) which is an independent complaints resolution body. Call FOS on 1300 780 808 or write to G.P.O Box 3, Melbourne Victoria 3001. FOS is an independent body and its service to you is free. Different terms of reference are applied by FOS depending on whether your complaint relates to a life insurance product or a general insurance product. Please refer to FOS for details.

To use FOS, you must have firstly attempted to use our internal dispute resolution service.

YOUR PRIVACY

Personal and sensitive information is collected from you or about you to enable us to provide our insurance products or services to you. Further information may be requested from you at a later time, such as if you want to make alterations to your insurance Policy or at claim time when we may need to collect financial and health information about you to process the claim.

If you do not supply the required information to us we may not be able to provide our products and services to you or pay your claim.

OUR PRIVACY POLICY

The way in which we collect, use and disclose your information is described in our Privacy Policy available at www.insuranceline.com.au/Privacy-Policy or is free of charge on request.

Our Privacy Policy contains details about the following:

- the kinds of personal information that we collect and hold;
- how we collect and hold personal information;
- the purposes for which we collect, hold, use and disclose personal information;
- how our customers may access personal information about them which is held by us and how they can correct that information; and
- how we deal with any complaints that our customers may have regarding privacy issues.

CONTACTING US ABOUT PRIVACY MATTERS

If you have any questions regarding privacy related matters, about how we manage your information or a complaint relating to privacy please contact us using the contact details below:

Reply Paid 62, Carlton South VIC 3053
1300 880 750
questions@insuranceline.com.au

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, please let us know using the communication methods above.

ADDITIONAL INFORMATION ABOUT PRIVACY ISSUES

The website of the Privacy Commissioner which is available at <http://www.oaic.gov.au/> is a useful source of additional information about both the privacy rights of individuals and the privacy laws imposed on organisations such as ours. This website also contains sensible steps that individuals can take to protect their information when dealing with organisations and when using modern technology. We take no responsibility for the contents of this Government run website.

ACCESS TO INFORMATION HELD ABOUT YOU

Under the current privacy legislation, you are generally entitled to access the personal information we hold about you. To access that information, simply make a request in writing. This process enables us to confirm your identity for security reasons and to protect your personal information from being sought by a person other than yourself.

If, for any reason we decline your request to access and/or update your information, we will provide you with details of the reasons. In some circumstances it may be appropriate to provide copies of complex medical information to a treating GP rather than directly to our customer so that the medical terminology can be explained.

There are some limited exemptions where TAL would be unable to provide the personal information that we hold about you and these include the following circumstances:

- If the access would have an unreasonable impact on the privacy of other people; or
- If the access request is frivolous or vexatious; or
- If giving access would be unlawful.

DISCLOSURE OF INFORMATION

In processing and administering your insurance (including at the time of claim) we may disclose your personal information to other parties such as organisations to whom we outsource our mailing and information technology, Government regulatory bodies and other companies within the TAL group and accountants (if applicable). We may also disclose your personal information (including health information) to other bodies such as the reinsurers, health professionals, investigators, lawyers and external complaints resolution bodies.

Generally we do not use or disclose any customer information for a purpose other than providing our products and services unless:

- our customer consents to the use or disclosure of the customer information; or
- the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
- the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body e.g. the police.

DIRECT MARKETING AND OPT OUT

From time to time we and our related entities or business partners may use your personal information for the purpose of marketing our products and services, together with the products and services of third parties that we think may be of interest to you. If you do not want us to use or disclose your personal information for these marketing purposes please contact us on 1300 880 750 or email questions@insuranceline.com.au

CONTACT FROM US

From time to time we may contact you by telephone about your Policy. If you do not want to receive calls from us at all, or would prefer to receive calls at certain times or days, please contact us by calling 1300 880 750 or write to InsuranceLine Reply Paid 62, Carlton South VIC 3053.

Kids Injury cover events and medical definitions

Kids Injury Event	Definition	Benefit Amount
Fracture of the		
Thigh (Leg above the knee) or pelvis	Means fracture of the leg above the knee (femur) or pelvis as a direct result of an Accident requiring fixation, immobilisation or plaster/fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$2,500
Skull, Spine	Means fracture of the skull or spine as a direct result of an Accident requiring fixation, immobilisation or plaster/fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$2,500
Leg (below the knee), knee cap, upper arm, shoulder bone or jaw	Means fracture of the leg below the knee (tibia or fibula), knee cap, upper arm (humerus), shoulder bone (scapula) or jaw as a direct result of an Accident requiring fixation, immobilisation or plaster/fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$1,000
Forearm (above the wrist), collarbone or heel	Means fracture of the forearm (radius or ulna), collarbone (clavicle) or heel as a direct result of an Accident requiring fixation, immobilisation or plaster/fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$1,000
Nose, foot other than toe, ankle, hand other than finger or thumb	Means fracture of the nose, foot (other than toe), ankle, hand (other than finger or thumb), as a direct result of an Accident requiring fixation, immobilisation or plaster/fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$1,000
Elbow or Wrist	Means fracture of the elbow or wrist as a direct result of an Accident requiring fixation, immobilisation or plaster/fibreglass cast treatment of the affected area by a Medical Practitioner within 48 hours of the Accident.	\$1,000

Bed confinement	
Bed confinement for at least 120 hours	As a direct result of Sickness or Injury and as certified by a Medical Practitioner, the Insured Child is confined to bed under the continuous care of an adult who is not an Immediate Family Member for a period of 120 consecutive hours or longer.
	\$1,000
Burns	
If the insured child suffers 2nd degree burns to 10% of the body surface	Means tissue injury caused as a direct result of an Accident by thermal, electrical or chemical agents resulting in 2nd degree burns to at least 10% of the body surface as measured by Lund & Browder body surface chart.
	\$50,000
Loss of	
Both feet or hands or sight in both eyes	Means the total and irrecoverable loss of both feet or hands or sight in both eyes as a direct result of an Accident. 'Loss' in this instance means the total and permanent loss of: <ul style="list-style-type: none"> • the use of both feet or hands from the ankle or wrist joints; or • sight to the extent that visual acuity in both eyes, on a Snellen Scale after the correction by a suitable lens, is less than 6/60.
	\$50,000
Any combination of two of, a hand, a foot and sight in one eye	Means the total and irrecoverable loss of any two of the following: hand, foot and sight in one eye as a direct result of an Accident. 'Loss' in this instance means the total and permanent loss of: <ul style="list-style-type: none"> • the use of the hand or foot from the ankle or wrist joints; or • sight to the extent that visual acuity in either eye, on a Snellen Scale after the correction by a suitable lens, is less than 6/60.
	\$50,000

Kids Injury Event	Definition	Benefit Amount
Bed confinement		
One leg or arm	Means the total and irrecoverable loss of use of one leg or one arm as a direct result of an Accident.	\$25,000
One foot or hand or sight in one eye	<p>Means the total and irrecoverable loss of any one of the following: foot, hand and sight in one eye as a direct result of an Accident. 'Loss' in this instance means the total and permanent loss of:</p> <ul style="list-style-type: none"> • the use of the foot or hand from the ankle or wrist joints; or • sight to the extent that visual acuity in either eye, on a Snellen Scale after the correction by a suitable lens, is less than 6/60. 	\$25,000
Severe impairments		
Paralysis	Means the total and permanent loss of function of two or more limbs through Sickness or Injury causing permanent damage to the nervous system. This includes, but is not limited to quadriplegia, paraplegia, diplegia and hemiplegia.	\$50,000
Blindness	Means the total and irrecoverable loss of sight (whether aided or unaided) in both eyes to the extent that visual acuity in both eyes, on a Snellen Scale after correction by a suitable lens is less than 6/60, as a result of an Accident.	\$50,000
Deafness	Means the total and irrecoverable loss of hearing (91 db hearing loss or greater, whether aided or unaided), in both ears as a direct result of an Accident.	\$50,000
Major Head Trauma	Means Accidental head injury resulting in neurological deficit causing at least a permanent 25% impairment of Whole Person Function.	\$50,000

7 | GLOSSARY

The Glossary defines expressions used in the Policy.

Accident means an event where injury is caused directly and solely by accidental, violent, external and visible means.

Benefit means the monthly amount or lump sum amount, as applicable, we will pay you upon a valid claim for the respective Cover type on your Policy.

Cancer means the presence of one or more malignant tumours. The malignant tumour is to be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

Certified Copy is a copy of an original document that has been certified as a true and correct copy by a person who is authorised to witness a statutory declaration. Persons who are authorised to witness statutory declarations, under the Commonwealth Statutory Declarations Act 1959, include:

- Accountant (Chartered or Certified)
- Clerk of a Court
- Commissioner for Affidavits
- Commissioner for Declarations
- Dentist
- Justice of the Peace
- Legal Practitioner
- Magistrate
- Medical Practitioners
- Nurse
- Pharmacists
- Police Officer
- Post Office Manager
- Sheriff or Sheriff's Officer
- Teacher
- Veterinary Surgeon

Commencement Date means the date the Policy commences and is shown in the Policy Schedule.

Cover as selected by you, refers to the circumstances in which a Benefit will be paid. The Cover your Policy provides is shown in your Policy Schedule.

Heart Attack (myocardial infarction) means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The basis of diagnosis will be:

- confirmatory new electrocardiogram (ECG) changes, and
- a diagnostic rise and fall (other than as a result of cardiac or coronary intervention) in either Troponin I in excess of 2.0µ/L or Troponin T in excess of 0.6µg/L or cardiac enzyme CK-MB.

Immediate Family Member means a spouse, de facto, partner (same or opposite sex), child, grandchild, parent, grandparent, sibling, aunt, uncle, cousin, niece or nephew.

Index, Indexed, Indexation and Indexation Factor means the percentage increase in the Consumer Price Index (weighted average of eight capital cities combined) as last published by the Australian Bureau of Statistics or its successors in respect of the 12 month period ending 30 September in each year. If this is not available by 15 November in any year, the percentage increase will be calculated by reference to such other price index as TAL determines.

Injury means an accidental bodily injury suffered by the Life Insured after the Commencement Date or in the case of an increase to a Benefit, after the commencement of the increase. The Injury must be caused directly and solely by an Accident.

Involuntarily Unemployed, Involuntary Unemployment, Involuntary Redundancy means the Life Insured is entirely without gainful employment and is actively seeking work and:

- for a Life Insured who was an employee, the Life Insured has been made redundant or has been dismissed from employment through no fault nor choice of his or her own but solely because an employer has unexpectedly terminated the Life Insured's employment; or
- for a Life Insured who is Self-Employed, the business or the Life Insured is placed into insolvency administration.

Kids Injury Event refers to the events and circumstances under which Benefits are payable set out here: (subject to any applicable exclusions).

Life Insured means the person/s that we have agreed to insure under this Policy as shown in the Policy Schedule.

Medical Practitioner means a person who is registered in Australia as a Medical Practitioner, other than:

- The Life Insured;
- The Policy Owner;
- A business partner of the Life Insured; or
- An Immediate Family Member of the Life Insured.

If practising other than in Australia, the Medical Practitioner must be approved by us and have qualifications equivalent to Australian standards. Note – a chiropractor, physiotherapist and/or alternative therapy provider is not a Medical Practitioner unless registered as a Medical Practitioner.

Out of Action means the Life Insured is:

(a) Between 18 and 64 years of age and solely as a result of Sickness or Injury as diagnosed by a Medical Practitioner and on his/her advice and in our opinion:

- Unable to attend or engage in his/her Usual Occupation or, if not engaged in a Usual Occupation, unable to perform three or more Regular Daily Activities without the assistance of another person or using special equipment;
- Not working in or performing any occupation, whether income generating or not; and
- Under the regular care of and following the advice of a Medical Practitioner, including recommended courses of treatment,

Or

(b) Between 65 and 75 years of age and solely as a result of Sickness or Injury as diagnosed by a Medical Practitioner and on his/her advice and in our opinion:

- Unable to perform two or more Regular Daily Activities without the assistance of another person or using special equipment;
- Not working in or performing any occupation, whether income generating or not; and
- Under the regular care of and following the advice of a Medical Practitioner, including recommended courses of treatment.

Payout Period means the maximum period for which a Benefit is payable as shown in your Policy Schedule.

Policy means the legal contract between the Policy Owner and us. This document, the application (whether in writing, verbally or online), the Policy Schedule and any special conditions or endorsements make up the Policy.

Policy Anniversary means each anniversary of the Policy Commencement Date.

Policy Owner means the person/s shown in the Policy Schedule as the person/s to whom the Policy has been issued. Also described as 'you' or 'your'.

Policy Schedule means the document which will be provided to you by us, containing details of the Life/Lives Insured under this Policy. Your Policy Schedule will be updated by us as a result of:

- any changes you make to your Policy and agreed to by us; and/or
- any changes made by us in accordance with these Policy Conditions.

Pregnancy, Normal and Uncomplicated refers to pregnancy that includes, but is not limited to, discomfort or symptoms commonly experienced such as: morning sickness, back pain, varicose veins, ankle swelling or bladder problems. These conditions are not considered to be complications of pregnancy.

Regular Daily Activities are defined in terms of a Life Insured's age:

1. for a Life Insured between 18 and 64 years of age, Regular Daily Activities means the regular and everyday activities performed by a Life Insured who is not employed or who is working less than 20 hours a week immediately prior to being Out of Action. To receive a Benefit, the Life Insured must as a result of being Out of Action be substantially and reasonably unable to perform three or more of the following Regular Daily Activities without the assistance of another person or with reasonable modifications:
 - **Cooking meals** – to use kitchen and cooking utensils, appliances and equipment to prepare a basic meal for oneself and/or others.
 - **Cleaning the home** – to use domestic appliances and equipment to clean and maintain a home and do laundry to basic standards.
 - **Shopping for food** – the physical ability to purchase every day household grocery items, with the use of a shopping basket or trolley.
 - **Providing care for children and/or dependent adults**, if applicable.
 - **Driving a car or using public transport** – the physical ability to drive a car for any distance, or catch a bus, train or ferry.

Or

2. For a Life Insured between 65 and 75 years of age, Regular Daily Activities means everyday activities performed to maintain physical independence. To receive a Benefit the Life Insured must as a result of being Out of Action be substantially and reasonably unable to perform two or more of the following Regular Daily Activities:

- Bathing – the ability to shower and bathe;
- Dressing – the ability to put on and take off clothing;
- Toileting – the ability to get on and off and use a toilet;
- Mobility – the ability to get in and out of bed and a chair;
- Feeding – the ability to get food from a plate into the mouth.

Self-Employed means a Life Insured (or an Immediate Family Member of the Life Insured) who is a business owner, sole trader, an employee of their own company or trust, or is in a partnership.

Sickness means an illness or disease that first manifests itself or is first suffered by the Life Insured after the Commencement Date or in the case of an increase to a Benefit, after the commencement of the increase, and which is diagnosed by a Medical Practitioner.

Stroke means a cerebrovascular event producing neurological deficit. This requires clear evidence on a CT, MRI or similar appropriate scan or investigation that a stroke has occurred and of infarction of brain tissue, intracranial and/or subarachnoid haemorrhage.

Usual Occupation means:

- the occupation in which the Life Insured was engaged for 20 or more hours a week immediately prior to being Out of Action or Involuntarily Unemployed and for which regular remuneration was received; or
- any occupation for which the Life Insured is suited by reason of his or her education, training and/or experience.

Waiting Period means the period of Out of Action time or, if applicable, Involuntary Unemployment time that must elapse before a Benefit starts to accrue and become payable in respect of a Life Insured. The Waiting Period is shown in your Policy Schedule. It commences on the date a Medical Practitioner first certifies the Life Insured as being Out of Action, or the date of the Life Insured's Involuntary Unemployment, as appropriate. No Benefits are payable during the Waiting Period.

Whole Person Function means where a payment depends on the Life Insured meeting the criteria based on the Whole Person Function, the calculation is to be based on the current edition of the American Medical Association publication titled Guides to the Evaluation of Permanent Impairment until an equivalent Australian guide, sanctioned by the Australian Medical Association, has been produced, at which time the calculation in the relevant Australian guide will apply.

INSURANCELINE DIRECT DEBIT SERVICE AGREEMENT

This Agreement is issued by TAL Life Limited. It sets out the conditions for using direct debit to pay your insurance premiums. Please keep this Agreement in a safe place for future reference.

HOW DIRECT DEBIT WORKS

On the day your premiums are due, we send a request to your financial institution to debit the payment from your nominated account.

It usually takes between one to three days for the funds to be deducted — so make sure you keep enough money in your account during this time. If there are insufficient funds in your account to Cover your premium payment, your bank may charge you a dishonour fee, and your insurance Cover may lapse.

InsuranceLine does not charge a dishonour fee for missed payments, but we may cancel your Cover if your premiums remain unpaid.

WHEN WE DEDUCT YOUR PAYMENTS

Usually we'll deduct your payment on the day it is due. Here are the exceptions:

- **Weekends** — we'll deduct your payment the next business day, usually Monday.
- **National public holidays** (Christmas Day, Boxing Day, New Year's Day, Australia Day, Easter Friday, Easter Monday, and Anzac Day) — we'll deduct your payment the next business day.

For public holidays that do not apply in all States, we'll deduct your payment the day it's due.

OUR PROMISE TO YOU

We promise to:

- Give you at least 14 days' written notice of changes to this Agreement.
- Keep your nominated account information confidential, except where conducting direct debits with your financial institution, or otherwise as required by law.

YOUR COMMITMENT TO US

You agree that:

- You've given us the correct account details (please check a recent account statement to confirm).
- The account you've nominated allows direct debit payments.
- All account holders are party to this Agreement.
- Sufficient funds will be available on the due dates to Cover your direct debit payments.

HOW TO MAKE CHANGES

To make a change to your direct debit arrangement, please contact us on 1300 880 750. Our Customer Care Team can help you with:

- Changing your nominated account details.
- Delaying, stopping or suspending any debits.
- Cancelling the Agreement completely.

We'll need **at least two business days' notice** before your next payment for these changes to take effect.

If you delay, suspend, stop or cancel your direct debit payment, you'll need to make alternative payment arrangements to ensure your insurance Cover can continue.

This Service Agreement is administered by InsuranceLine on behalf of TAL Life Limited.

FINANCIAL SERVICES GUIDE

This Financial Services Guide (FSG) is supplied by TAL Direct Pty Limited.

PURPOSE OF THIS FINANCIAL SERVICES GUIDE

We are required by law to provide you with this FSG. This document outlines important legal information as required by the Corporations Act 2001. It contains important information about the authorised services we offer, the remuneration received by us, our service providers and our internal and external dispute resolution services. This FSG is designed to assist you in deciding whether to use any of the authorised services.

OUR SERVICES AND WHO WE ACT FOR

TAL Direct is authorised and responsible under its Australian Financial Services Licence to:

- provide general financial product advice about life and general insurance products to retail clients; and
- deal in life and general insurance products to retail clients

When TAL Direct arranges to issue an insurance product, it does so on behalf of the insurer who is the issuer of the product. However where you elect to apply for Involuntary Unemployment Cover this component of the product is provided by way of an arrangement called a “ binder” whereby TAL Direct is authorised under its licence to issue the product on behalf of ACE Insurance Limited. TAL Direct is acting for the insurer in these circumstances and does not act on your behalf.

The Insurers’ registered addresses are:

- TAL Life Limited
Level 16, 363 George Street
Sydney NSW 2000
- ACE Insurance Limited
The ACE Building, 28 O’Connell Street
Sydney, NSW 2000

WHO ARE OUR REPRESENTATIVES?

Our representatives have been appointed by TAL Direct to provide a financial service over the telephone. These people have received specialist training to discuss the products we offer.

WHAT DOES GENERAL FINANCIAL PRODUCT ADVICE MEAN?

It is important that you understand that we do not provide personal advice or make recommendations about the suitability of the product for you. Therefore, you should carefully review the PDS, having regard to your own objectives, financial situation and needs before deciding to purchase.

The PDS sets out the important information you should consider when deciding to acquire a certain product, including the insurer and the benefits, features and associated costs of the product.

You can read the PDS prior to receiving a call from our representative or if you like, you can ask our representative to read it to you.

DISPUTE RESOLUTION PROCESS

InsuranceLine offers a dispute resolution service in relation to any concerns you may have about your Policy, our services or your privacy. Please refer to page 26 for details of the Internal and External Dispute Resolution processes.

DISCLOSURE OF REMUNERATION

When insurance is arranged for you, you will be required to pay a premium and this will be paid to the insurer of the product. The premium includes any commission payable by the insurer for distributing the product so you do not need to pay any extra.

Where Involuntary Unemployment Cover is arranged for you, ACE will pay a commission to TAL of up to 44% of the Involuntary Unemployment component of each premium paid. Currently GST of 10% is applied to amounts paid to TAL.

Where a representative arranges a Policy for you over the telephone, that representative may in addition to their salary receive a commission from TAL. The amount of commission is dependent on a number of factors including the number of policies issued and the quality of the representative's conduct. The total amount of commission will vary between 0 and 20% of the first year's premium and if payable will be paid fortnightly. There may be circumstances where additional commissions, bonuses and non-cash incentives are paid and these will accrue from time to time. These are not an additional cost to you. TAL may also pay referral fees or commissions to people or organisations that refer new customers to us. The referral fee may be paid in the form of an upfront commission fee and/or periodical trail fees. This will be at no additional cost to you.

PI INSURANCE

TAL Direct is part of TAL and we confirm that TAL retains professional indemnity (PI) insurance to cover the activities of licensees within TAL, including TAL Direct. This PI cover is maintained in accordance with the law, is subject to its terms and conditions and provides indemnity up to the sum insured for the activities of the representatives of TAL and TAL Direct.

How to contact us.

Phone: 1300 880 750

Fax: 1800 730 099

Mail: InsuranceLine, Reply Paid 62,
Carlton South VIC 3053

Email: insuranceline@insuranceline.com.au

Web: insuranceline.com.au

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1300 880 750 8am – 8pm (AEST) Monday to Friday
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